

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
And  
\_\_\_\_\_ AREA AGENCY ON AGING

MONITORING TOOL FOR ADULT DAY CARE/DAY HEALTH CARE

Community Service Provider: \_\_\_\_\_  
Review Date: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_  
Interviewer: \_\_\_\_\_  
Person(s) Interviewed and Title: \_\_\_\_\_

.....

PROGRAM ADMINISTRATION

1. The Adult Day Care/Day Health Care program holds a current certification from the North Carolina Division of Aging and Adult Services. Yes\_\_\_\_\_No\_\_\_\_\_

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The local departments of social services monitor Adult Day Care/Day Health Care providers for compliance with the North Carolina Division of Aging and Adult Services' certification standards on a monthly basis. The local departments of health monitor the adult day health and adult day care/adult day health programs on a quarterly basis. The Division of Aging and Adult Services will notify the Area Agencies on Aging if the Adult Day Care/Day Health Care provider's certification status has been changed to provisional status or withdrawn. Area Agencies on Aging will also be notified when provider's certification is reinstated.

Area Agencies on Aging will monitor Adult Day Care/Day Health Care providers regarding unit verification. The following unit verification questions are to be used in verifying units reported and reimbursed.

## Unit Verification

### **\*\*NOTE\*\***

**\*\*Reimbursable units are based on scheduled days rather than actual days attended\*\***

**\*\*Programs may only be reimbursed for a maximum of 10 scheduled days when a participant is absent\*\***

Verified source documentation exists that unit(s) reported, and for which reimbursement has been received, were in fact received by the specific person on the date(s) indicated on the Unit of Service Report – DAAS ZGA-542 or the DAAS ZGA-903, or comparable document.

Yes \_\_\_\_\_ No \_\_\_\_\_

SOURCE DOCUMENTATION for Adult Day Care/Day Health Care service is the \_\_\_\_\_, located in \_\_\_\_\_.

If the Unit of Service Report-DAAS ZGA-542 or the DAAS ZGA-903 or comparable document contains 10 or fewer clients reported as receiving a unit(s), sample all persons and all units. If 11 or more persons are reported, sample 10% of the persons, or not less than 10, and all units reported for each person in the sample.

Attach {as part of work papers} Unit of Service Report used to sample clients and units. **IDENTIFY ON THIS REPORT** the names of the persons sampled and the sampled date(s) on which units were reported as being provided as being provided.

Number of UNITS found unverifiable: \_\_\_\_\_

This represents \_\_\_\_\_ % of the total units reported for the month of \_\_\_\_\_,

Identify by client the date(s) on which a unit(s) could not be verified;

CLIENT NAME	DATE(S)	VERIFIED UNITS

**CLIENT NAME**

**DATE(S)**

**VERIFIED UNITS**


.....

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**X**

Signature of AAA Administrator/DAAS Staff

Date

**(Copy and give to provider if Unverifiable Units are found)**